

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA
☒ EEOC

410-2009-04751

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Mr. Billy E. Hyatt

Home Phone (Incl. Area Code)

(706) 581-8114

Date of Birth

11-30-1978

Street Address

926 Raygan Drive

City, State and ZIP Code

Tunnel Hill, GA 30755

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

PLIANT CORPORATION

No. Employees, Members

500 or More

Phone No. (Include Area Code)

(706) 259-9471

Street Address

109 Poly Pac Drive

City, State and ZIP Code

Dalton, GA 30720

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE ☐ COLOR ☐ SEX ☒ RELIGION ☐ NATIONAL ORIGIN
☐ RETALIATION ☐ AGE ☒ DISABILITY ☐ OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE
Earliest Latest

03-07-2009 03-12-2009

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

- I. I was hired by the above employer as an Operator. I am a person with a disability. On March 7, 2009, I was would be suspended due to my religious beliefs. I was also subjected to harassment due to my disability and religion. On March 12, 2009, I was discharged.
- II. I believe that I have been discriminated against because of my religion (Christian), in violation of Title VII of the Civil Rights Act of 1964, as amended and because I am a person with a disability, in violation of Title I of the Americans with Disabilities Act of 1990, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

9-4-9

Date

Charging Party Signature